

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2012
FORM APPROVED
OMB NO. 0938-0391

OTC 11/10/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Poc #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2012
NAME OF PROVIDER OR SUPPLIER MCKENDREE VILLAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4347 LEBANON ROAD HERMITAGE, TN 37076		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	Allegation of Substantial Compliance		
F 226 SS=D	<p>Deficiencies cited are related to the complaint investigation of TN00030409 under 42CFR 483.13 regulations for Long Term Care Facilities. 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the facility's abuse policy, review of a facility investigation, medical record review and interview the facility failed to implement the facility abuse policy to notify the physician of alleged sexual abuse and failed to ensure Social Service monitored the resident's reaction to alleged sexual abuse for one Resident (#1) of five interviewable sampled residents.</p> <p>The findings included:</p> <p>Review of the facility's "Reporting Abuse to Facility Management" policy revealed under "Policy Interpretation and Implementation 9. When an incident of resident abuse is suspected or confirmed, the incident must be immediately reported to facility management regardless of the time lapse since the incident occurred. 10. Upon receiving reports of physical or sexual abuse, a licensed nurse or physician shall immediately examine the resident. Findings of the examination must be recorded in the resident's</p>	F 226	<p>McKendree Village Healthcare Center (herein after sometimes "facility") has and continues to be in substantial compliance with 42 CFR Part 482.13, Requirements for Long Term Care Facilities. McKendree Village Healthcare Center has or will have substantially corrected the alleged deficiencies and achieved substantial compliance by the 10 OCT 2012 specified herein.</p> <p>This Plan of Correction constitutes McKendree Village Healthcare Center's allegation of substantial compliance such that the alleged deficiencies cited have been or will be substantially corrected on or before 10 OCT 2012</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in substantial compliance with 42 CFR Part 482.13, Requirements for Long Term Care Facilities, McKendree Village Healthcare Center has taken or will take the actions set forth in this plan of correction.</p> <p>F226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility has and will continue to implement the facility abuse policy. The</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 10/10/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>medical record. 11. The person performing the examination must document the examination findings on approved forms...13. Upon receiving information concerning a report of abuse, the Director of Nursing Services will request that a representative of the Social Services Department monitor the resident's reactions to and statements regarding the incident and his/her involvement in the investigation. 14. Unless the resident request otherwise, the social service representative will give the Administrator and Director of Nursing Services a written report of his/her findings."</p> <p>Medical record review revealed Resident #1 was admitted to the facility on September 9, 2011 with diagnoses of History of Brain Tumor, Convulsions, Hemiparesis, Esophageal Reflux, Depressive Disorder and Acute Sinusitis.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated March 11, 2011 revealed the Resident scored 15 of 15 (no cognitive deficits) on the Brief Interview for Mental Status (BIMS). The MDS also revealed the Resident's mood was feeling down, depressed or hopeless nearly every day, but showed no signs of delirium.</p> <p>Review of the facility's investigation documented a Care Plan meeting was held at the facility on July 17, 2012 at 10:00 a.m. with the Administrator, Interim Director of Nursing (DON), the Resident, the Resident's mother and husband via speaker phone present for the meeting. At the end of the Care Plan meeting the Resident informed the facility staff that she had been inappropriately touched by two different Certified Nursing Technicians (CNT) in two different instances.</p>	F 226	<p>facility has and will continue to notify the physician / medical staff in accordance with the facility abuse policy. The facility has and will continue to assure that residents receive necessary social services monitoring and support in accordance with the facility abuse policy.</p> <p>On or before 10 OCT 2012 the Director of Nursing, Care Team Managers and Social Service staff will attend an in-service. The in-service will be conducted by the Administrator or Designee and will include:</p> <ul style="list-style-type: none"> • Review of the regulation • Review of the statement of deficiency • Review of the plan of correction • Review of the facility's standards regarding physician/ medical staff notification related to allegations of abuse • Documenting physician notification • Review of the facility's standards regarding social service monitoring and support of residents after an allegation of abuse and documentation of social service interventions and support • Review of the facility abuse policy 		

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F 226	<p>Continued From page 2</p> <p>One instance was by a male (CNT #2) that the Resident was able to identify and one instance was by a female (CNT #1) that the Resident could not identify by name. The Resident told the facility staff the incident with CNT #2 had occurred about six weeks prior to July 17, 2012 and the incident with CNT #1 had occurred about four weeks prior to July 17, 2012. In each allegation, the Resident gave a detailed description of the alleged sexual abuse during an interview conducted by the Administrator and DON.</p> <p>Further review of the facility's investigation revealed there was no documentation in the facility's investigation the Resident's physician was notified or documentation that Social Services interviewed the Resident following the report of the alleged abuse.</p> <p>Review of all Medical Progress Notes dated after the Resident made allegations of sexual abuse on July 17, 2012, revealed there was no documentation of the alleged abuse or documentation the Resident had been examined by the physician or Nurse Practitioner in relation to the incident.</p> <p>Review of Social Service Progress Notes revealed no documentation of conversations about the alleged abuse with the Resident or that the Resident had been assessed by Social Service between July 5, 2012 and August 20, 2012 (over one month since the report of alleged abuse).</p> <p>Review of the Social Service Progress Notes dated August 20, 2012 documented, "SW (Social</p>	F 226	<p>Based on a thorough and complete investigation of Resident #1's allegations that included multiple interviews with the resident, staff and other residents, observations and discussion with the resident's physician, there was no evidence to substantiate the resident's allegation of abuse/inappropriate touching.</p> <p>Resident #1 continues to receive necessary care and services according to her plan of care and physicians orders. The resident is receiving psycho-social services from a licensed professional.</p> <p>The care plan for Resident #1 has been reviewed to ensure the interventions continue to meet the resident's needs.</p> <p>Any allegation of abuse is investigated in accordance with the regulations and facility policy and notification of the physician and social service staff is made so that any necessary examinations and evaluations are provided and documented in the medical record.</p> <p>The Administrator or designee will review any allegations of abuse that have been made in last 30 days to ensure that necessary physician/ medical staff notifications have occurred and that any necessary social services/, medical/ and or psychosocial follow up has occurred. And</p>		

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F 226	<p>Continued From page 3</p> <p>Worker) met (symbol for with) patient today about (Resident #1's) decline in mood per nursing and family...Discussed Psych services that is available and she requested to think about it and talk it over with spouse."</p> <p>Review of the Social Service Progress Notes dated September 5, 2012 documented, "Patient signed Consent to see Psych (psychiatric) NP (Nurse Practitioner) for (symbol for increased) depression." Resident #1 was seen for the first time by Psych services on September 5, 2012, almost seven weeks after the allegation of alleged abuse.</p> <p>During an interview with the Social Worker (SW) on September 11, 2012 at 2:23 p.m. in the conference room, the SW stated "I helped with the interviews, I talked to other residents, but I did not talk to (Resident #1). I didn't feel the need for getting involved."</p> <p>During an interview with the Resident on September 11, 2012 at 3:05 p.m. in the resident's room, the Resident stated "The last care plan meeting, I think in August they (facility) asked me about counseling. I told them I would be open to it. After a few weeks, someone from psyche came out to see me, it was a few days ago. I don't remember exactly when. I don't think [named Social Worker] talked to me about it (the alleged sexual abuse). I talked to [named Administrator and interim DON]"</p> <p>During an interview with the SW on September 18, 2012 at 1:20 p.m. in the conference room, revealed the SW was unfamiliar with the role of Social Services during an abuse investigation per</p>	F 226	<p>that the notifications and services have been documented.</p> <p>Beginning 8 OCT 2012 The Administrator or designee will monitor for continued compliance through chart audits. (See Attachment F226). The audits will be completed weekly for one month and monthly for up to one quarter. The Administrator or designee will report to the QA/QI committee who will determine the frequency of further monitoring.</p> <p>Completion 10 OCT 2012:</p>		

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F 226	Continued From page 4 the facility policy. During an interview with the Administrator on September 18, 2012 at 1:50 p.m. in the conference, the Administrator stated, "I think [named interim DON] documented calling the physician, but she was just filling in, we didn't have a new DON yet. I think I mentioned it to (Resident #1's) doctor, I'm not sure. I don't think it's documented."	F 226			
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility did not provide documentation that the Resident's physician was notified or that Social Service monitored the Resident's reaction to alleged sexual abuse. The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on review of the Social Worker Job Description , record review, and interview the facility failed to ensure Social Services provided options for emotional support in a timely manner for one resident (#1) who alleged sexual abuse of five interviewable sampled residents. The findings included: Review of the facility's Social Worker Job Description documented under "Statement of the	F 250	F250 483.15(g) (1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility has and will continue to ensure medically related social services are provided to residents in a timely manner for residents with allegations of abuse. On or before 10 OCT 2012, Social Service staff will attend an in-service. The in- service will be conducted by the Administrator or Designee and will include: <ul style="list-style-type: none">• Review of the regulation• Review of the statement of deficiency• Review of the plan of correction• Review of the job description for social service staff.• Social Service responsibilities regarding assessment and provision of emotional support and monitoring for residents when there is an allegation of abuse• Social Service monitoring and documentation of the resident's reaction		

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F 250	<p>Continued From page 5</p> <p>Job - Responsible for ensuring that the medically related emotional and social needs of the residents are met..." under "Duties of the Job - Facilitates the social and psychological well being of residents and their families. - Ameliorates (to make better or more tolerable) emotional distress of residents and families."</p> <p>Medical record review revealed Resident #1 was and admitted to the facility on September 9, 2011 with diagnoses of History of Brain Tumor, Convulsions, Hemiparesis, Esophageal Reflux, Depressive Disorder and Acute Sinusitis.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated March 11, 2011 revealed the Resident scored 15 of 15 on the Brief Interview for Mental Status (BIMS). The MDS also revealed the Resident's mood was feeling down, depressed or hopeless nearly every day, but showed no signs of delirium.</p> <p>Review of the facility's investigation documented a Care Plan meeting was held at the facility on July 17, 2012 at 10:00 AM with the Administrator, Interim Director of Nursing (DON), the Resident, the Resident's mother and husband via speaker phone present for the meeting. At the end of the Care Plan meeting the Resident informed the facility staff that she had been inappropriately touched by two different Certified Nursing Technicians (CNT) in two different instances. One instance was by a male (CNT #2) that the Resident was able to identify and one instance was by a female (CNT #1) that the Resident could not identify by name. The Resident told the facility staff the incident with CNT #2 had occurred about six weeks prior to July 17, 2012</p>	F 250	<p>related to an abuse allegation.</p> <ul style="list-style-type: none"> Review of the facility abuse policy <p>Based on a thorough and complete investigation of Resident #1's allegations that included multiple interviews with the resident, staff and other residents, observations and discussion with the resident's physician, there was no evidence to substantiate the resident's allegation of abuse/inappropriate touching.</p> <p>Resident #1 continues to receive necessary care and services according to her plan of care and physicians orders. The resident is receiving psycho-social services from a licensed professional.</p> <p>The care plan for Resident #1 has been reviewed to ensure the interventions continue to meet the resident's needs.</p> <p>Any allegation of abuse is investigated in accordance with the regulations and facility policy and notification of the physician and social service staff will be made so that any necessary examinations and evaluations are provided.</p>	

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F 250	<p>Continued From page 6</p> <p>and the incident with CNT #1 had occurred about four weeks prior to July 17, 2012. In each allegation, the Resident gave a detailed description of the alleged sexual abuse during an interview conducted by the Administrator and DON.</p> <p>Further review of the facility's investigation revealed there was no documentation in the facility's investigation that Social Services interviewed the Resident following the report of the alleged abuse.</p> <p>Review of the Social Service Progress Notes revealed no documentation of conversations about the alleged abuse with the Resident or that the Resident had been assessed by Social Service between July 5, 2012 and August 20, 2012 (over one month since the report of alleged abuse).</p> <p>Review of the Social Service Progress Notes dated August 20, 2012 documented, "SW (Social Worker) met (symbol for with) patient today about (Resident #1's) decline in mood per nursing and family...Discussed Psych services that is available and she requested to think about it and talk it over with spouse."</p> <p>Review of the Social Service Progress Notes dated September 5, 2012 documented, "Patient signed Consent to see Psych NP (Nurse Practitioner) for (symbol for increased) depression." The Resident was seen for the first time by Psych services on September 5, 2012, almost seven weeks after the allegation of alleged abuse.</p>	F 250	<p>The Administrator or designee will review any allegations of abuse that have been made in the last 30 days to ensure that necessary physician/ medical staff notifications have occurred and that any necessary social services/, medical/ and or psychosocial follow up has occurred. And that the notifications and services have been documented.</p> <p>Beginning 8 OCT 2012 the Administrator or designee will monitor for continued compliance through audits. (See Attachment F250). The audits will be completed weekly for one month and monthly for up to one quarter. The Administrator or designee will report to the QA/QI committee who will determine the frequency of further monitoring.</p> <p>Completion 10 OCT 2012:</p>		

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F 250	<p>Continued From page 7</p> <p>During an interview with the Social Worker (SW) on September 11, 2012 at 2:23 PM in the conference room, the SW stated "I helped with the interviews, I talked to other residents, but I did not talk to (Resident #1). I didn't feel the need for getting involved."</p> <p>During an interview with the Resident on September 11, 2012 at 3:05 PM in the resident's room, the Resident stated "The last care plan meeting, I think in August they (facility) asked me about counseling. I told them I would be open to it. After a few weeks, someone from psyche came out to see me, it was a few days ago. I don't remember exactly when, I don't think [named Social Worker] talked to me about it (the alleged sexual abuse). I talked to [named Administrator and interim DON]"</p>	F 250			